



# Client Demographics

Fill in the available fields on your device or print this form to complete it by hand

## AFTER YOU COMPLETE THIS FORM

Save or download your completed copy before closing it. To return it online, use the secure Client Portal when the practice has asked you to do so. Contact the practice if you are not sure how to return it. Please don't email completed forms.

## 1 Client information

LEGAL FIRST NAME

LEGAL LAST NAME

NAME YOU GO BY

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

PHONE NUMBER

STREET ADDRESS, CITY, STATE, AND ZIP CODE

## 2 Communication preferences

- ☐ It is okay to send routine messages to the email address listed above.
- ☐ It is okay to leave routine voice messages at the phone number listed above.
- ☐ It is okay to send routine text messages to the phone number listed above.

Do not use these communication preferences for urgent or emergency concerns. Ask the practice if you have questions about privacy or messaging.



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## Additional information

RELATIONSHIP STATUS

EMPLOYMENT STATUS

EMERGENCY CONTACT

EMERGENCY CONTACT PHONE